

15/5/2010

INS. CASE OWNER:

Jimmy

CC 6/AIG1900 5038, A#65

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

20/2/19

Date / Time:

20/2/19

Registered in Merimen:

20/2/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SEW 9774P

Claim No.:

943764860856

Name of Insured:

LEE KIM GENH

Policy No.:

200439522

Insured Tel No.:

HP:

Make / Model:

CITROEN

Excess Sec II :\$\$

D.O.A.:

16/2/19

Place of Accident:

RIVER MARY RD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

STX 779X

INSRS:
WSP:
Tel:
Liability:
RMKS:Best
solutionINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	STX 779X ?	Non-Reporting ltr (1st):	
	SEW 9774P	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	02/09/19 - vic
02/09/19	- FILE REVIEWED. OI INVOLVED IN A 3 Veh. C.C. 4 WAS THE 2ND CASE. SEND LETTER TO OI TO NOTIFY TP CLAIM 4 NCD ISSUES. - PUBLIC LIABILITY CLERK	Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☒
		Authorisation To Act:	☒
		Release Voucher:	☒
		Final Repair Bill:	☒
		Car Rental Invoice:	☒
		Towing Invoice:	☐
03/09/2020	- SEND 1st OFFER TO TP	LTA / GIA:	☒
05/09/2020	- RETURNED ORIG. PI. TP ACCEPTED OFFER	Medical Bill:	☐
	- ALL DOCS IN ORDER.	PIR:	☐
	- TO CLOSURE	Mandate/Reject Instruction:	☐
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 45	SS 2,700.00 (5 days)	Reduction: 64 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/03/20	Confirm with: MO LEE	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	20
Repair Cost:	SS 2,700.00	If NO or B 28, Ass. Lia:	0%
Loss of Rental (LOR):	SS 700.00 (7 days) x 2100		
Loss of Use (LOU):	SS - (\$ x days)		
Loss of Income (LOI):	SS - (\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐		
GIA/LTA Search	SS 7.45		
Medical:	SS -		
Disbursement:	SS - (e.g. Tow/ Independent)		
Legal Cost	SS -		
Total:	SS 3,407.45	Global Sum S\$: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	SS 3,407.45	Name 1:	BEST SOLUTION AUTOCARE PTE LTD
Payee 2: (Strike if N.A.)	SS -	Name 2:	-
Payee 3: (Strike if N.A.)	SS -	Name 3:	-